DOCUMENT RESUME

ED 298 383 CG 021 064

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TITLE Evaluation of the Effectiveness of Crisis Lines in Reaching Adolescent Suicide Attempters.
PUB DATE Mar 88
NOTE 10p.; Paper presented at the Annual Meeting of the Southeastern Psychological Association (34th, New Orleans, LA, March 31-April 2, 1988).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Adolescents; Counseling Services; *Crisis Intervention; Depression (Psychology); *Friendship; Helping Relationship; *High Risk Persons; High Schools; High School Students; *Hotlines (Public); Prevention; *Suicide; Use Studies
IDENTIFIERS *Adolescent Suicide

ABSTRACT

To evaluate the effectiveness of telephone crisis lines in reaching adolescents at risk for suicide, questionnaires were administered to 1,000 tenth grade students in a medium-sized southeastern city. A total of 837 questionnaires were completed. Questions concerned psychosocial background, symptoms of depression, suicide awareness, and attitudes toward crisis lines. Of the 11.6% of students who reported having attempted suicide, 41% said they would call a crisis line service for help. In comparison, 37.3% of students without a history of suicide attempt said they would use this service. While a majority of respondents said they would not call a crisis line service, a significant percentage of students (56.9%) reported that they would first confide their suicidal intentions to a friend. The most common reasons students gave for not calling a crisis line was that they did not want to talk to a stranger. In addition, there was a general lack of knowledge about the existence of the crisis line service, its purpose, confidentiality of calls, and policies concerning the use of tracing procedures. These findings support the need for a school-based suicide education and prevention program that could both publicize the crisis line service and teach adolescents how to help a suicidal friend. (NB)

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ED298383

Evaluation of the Effectiveness of Crisis Lines in Reaching Adolescent Suicide Attempters

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CG 021064

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Running head: EVALUATION OF THE EFFECTIVENESS OF CRISIS LINES

Abstract

Questionnaires were administered to 1000 tenth grade students in a medium-sized Southeastern city to determine the students' perceptions regarding telephone crisis lines. Specifically, the effectiveness of crisis lines in reaching adolescents at risk for suicide was evaluated. A majority of the students who responded said they would not call a crisis line service. Instead, a significant percentage of students (56%) reported that they would first confide their suicidal intentions to a friend. This finding was central to our proposal for a school-based suicide education and prevention program. Recommendations for improving the ability to intervene on behalf of adolescents at risk for suicide were made.

Evaluation of the Effectiveness of Crisis Lines

in Reaching Adolescent Suicide Attempters

The rate of recorded youth suicide has nearly tripled over the last several decades, increasing from 4.1 per 100,000 for 15-24 year-olds in the mid-1950's to 12.5 per 100,000 in 1980 (Silver, 1985). Suicide is now the second leading cause of death for adolescents--second only to accidents, some of which may be suicides (Hafen & Frandsen, 1986). For the past two decades, crisis line services have attempted to prevent suicide, but there have been relatively few attempts to evaluate their ability to do so (Stein & Lambert, 1984). One purpose of this study was to evaluate the effectiveness of crisis lines for adolescents at risk for suicide. In addition, we were interested in collecting data that might a) help identify differences between teenagers who would and would not call a crisis line and b) describe the characteristics of teenagers with a history of suicide attempt.

A questionnaire was developed that included questions concerning psychosocial background, current symptoms of depression, coping skills, suicide awareness, and attitudes toward crisis line services. Some of these data were then used to categorize students on the basis of willingness to use a crisis line (callers and non-callers) and suicide risk (attempters and non-attempters) to determine whether the precentage of individuals who had attempted suicide varied between callers and non-callers (i.e., does the crisis line currently reach teenagers who attempt suicide?). If we found no significant difference between the number of callers and non-callers with a history of suicide attempt, the remaining data could be used to identify factors that might improve the likelihood that adolescents who are at risk

for suicide will call the crisis line. In addition, these data could be used to help guide development of a community-wide adolescent suicide prevention program.

Method

Subjects

Subjects were 1000 high school sophomores attending Life Management Skills classes (a required course) in five public high schools. Participation was voluntary.

Materials

Materials consisted of a 60-item questionnaire. Questions concerning psychosocial background, symptoms of depression, suicide awareness, and attitudes toward crisis lines were included.

Procedure

The questionnaire was administered at the beginning of a regular class period. Students were aware that they would participate in a discussion of adolescent suicide immediately following the survey. They were told that the questionnaire was confidential and would only be used for research, and were instructed not to discuss their responses with classmates. Students were given as much time as required to complete the questionnaire (average completion time was 15 minutes).

Results and Discussion

A total of 837 questionnaires were completed. The sample contained approximately the same number of male and female students. Ages ranged from 14-19 years old, with a mean age of 15. In this sample, 11.6% of the students who responded reported that they had attempted suicide. This

percentage was not significantly different from the national average of 11% (Hendin, 1987).

For those students with a history of suicide attempt, 41% said they would call a crisis line service for help. In comparison, 37.3% of students without a history of suicide attempt said they would use this service. When asked specifically if they would call a "teen hot-line," 45% with a previous suicide attempt responded "yes," compared with 42% of the remaining students. To determine if risk for suicide increased the likelihood that a teenager would call the crisis line, a χ^2 test for a 2x2 contingency table for crisis line use (callers and non-callers) and suicide risk (attempters and non-attempters) was computed. However, there was no statistically significant relation between these factors ($\chi^2(1, N = 837) = .5$).

Since we did not have evidence that teenagers at risk of suicide were more likely to use the crisis line than other teenagers, we used the remaining data to identify factors that might enable a crisis line service to reach a larger percentage of adolescent suicide attempters.

First, why do suicidal teenagers fail to call a crisis line? The most common reason teenagers gave for not calling a crisis line was that they didn't want to talk with someone they didn't know. If suicidal teenagers weren't calling the crisis line for help, to whom did these teenagers confide? One reasonable alternative might be their parents. However, 58% of students without a history of suicide attempt said they would not talk with a parent. Furthermore, among those students with a history of suicide attempt, 75% said they would not tell a parent about a friend's contemplation of suicide. If these data are valid, attempts to assist teenagers in crisis

through their parents might ultimately prove to be ineffective.

On the other hand, 56.9% of all the students said that if they were contemplating suicide, they would talk with a friend first. If we assume that teenagers are equally likely to select a friend as any of the remaining four alternatives for a confidant (parent, teacher, crisis line, and other), the expected proportion of "friend" responses would be .50. The observed value, .569, was found to be significantly larger than this value ($z = 3.47$, $p < .0001$). Thus, more than half of all teenagers are likely to turn to their friends for help first when they feel suicidal. Therefore, an effective method for intervening on behalf of teenagers who are feeling suicidal might be through their peers.

Among those students with a history of suicide attempt, approximately 50% reported that they still regarded suicide as an acceptable behavior. Moreover, approximately 60% reported continued experiences of some symptoms commonly associated with depression. Prompted by these results, we examined the responses for reasons a teenager would not call a free and anonymous service. Several reasons were given. First, students reported negative perceptions of the service. For example, teenagers did not regard the counselors as trustworthy and did not believe counselors could understand their problems without knowing the caller. Furthermore, students feared receiving a lecture from an authority figure. Second, there was a general lack of knowledge about the existence of the service, its purpose, the confidentiality of calls, and policies concerning the use of tracing procedures. Finally, students feared punishment by their parents if their problem were discovered.

Using these responses as guidelines, several actions might be taken to improve the image of the crisis line among teenagers. Increased visibility could be achieved by allowing crisis line counselors to present educational programs in the community. This might also alter the teenagers' perception of the counselors as strangers. Radio and television public service announcements and pamphlets oriented toward teenagers could be produced that clearly identify the purpose and anonymous nature of crisis lines. In addition, these materials could be produced to create a "non-stranger" image for the crisis line counselors.

Finally, we developed a school-based adolescent suicide prevention program that addresses two major areas of need. First, it publicizes the crisis line among teenagers. Second, it provides educational information regarding suicide prevention. Specially trained crisis line counselors conduct this program in the classroom. The myths surrounding suicide, its warning signs, and basic techniques of crisis intervention are discussed. In addition, a list of community resources is provided. This approach to suicide education should help remove the romanticism many teenagers attach to suicide. In addition, considerable classroom interaction can take place between the students and a crisis line counselor. This personal contact might help develop a positive attitude toward crisis line services, thereby increasing the likelihood that adolescent callers will use the service when needed. Finally, this program provides a different mechanism for counselors to contact teenagers who might be considering suicide but would not call a crisis line. Since a majority of teenagers appear to turn to their friends for advice first, we recommend that a major component of this program should

be directed at teaching teenagers how to help a suicidal friend. Providing adolescents with basic techniques for crisis intervention and encouraging them to seek adult help when appropriate will help address this important need.

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